Supplementary 2. Selected articles

Table 8. Characteristics of the study by Li et al. [1]

Type of study	Cohort study, retrospective information gathering.
Year	2011–2014
Location	China (a single center).
Participants	FIGO stage: II; III; IVA.
Treatment	Radical chemoradiotherapy (cisplatin or cisplatin and paclitaxel).
Inclusion criteria	Patients with squamous cell carcinoma. ECOG values of 0 or 1. FIGO stage II, III, or IVA. No metastatic para-aortic lymph nodes. Without surgery, neoadjuvant, or adjuvant chemotherapy.
Sample	300 patients.
Outcome	Cause-specific death and distant recurrence.

ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics.

Table 9. Characteristics of the study by Shim et al. [2]

Type of study	Cohort study, retrospective information gathering.
Year	1998–2008
Location	Korea (a single center).
Participants	FIGO stage: IB2; IIA; IIB; IIIA; IIIB. 4,221 patients.
Treatment	Platinum-based chemotherapy with extended-field radiotherapy. Three types: 1) 5-Fluorouracil+cisplatin; 2) Paclitaxel+cisplatin; 3) Paclitaxel+carboplatin.
Inclusion criteria	Clinical staging with surgical results. 18–80 years old. FIGO stage: IB2–IVA. Platinum-based chemotherapy without consolidation chemotherapy. In case FDG was used in the PET, the procedure should precede the chemotherapy. No evidence of distant metastases. ECOG: 0, 1, or 2. No prior chemotherapy or radiotherapy. No disease affecting survival.
Sample	209 patients included in the development sample.
Outcome	Cause-specific death.

ECOG, Eastern Cooperative Oncology Group; FDG, fluorodeoxyglucose; FIGO, International Federation of Gynecology and Obstetrics; PET, positron emission tomography.

Table 10. Characteristics of the study by Kang et al. [3]

Type of study	Cohort study, retrospective information gathering.
Year	2001–2009
Location	Korea (3 centers for development; 2 for validation).
Participants	FIGO stage: IB; IIA; IIB; III; IVA. 748 candidate patients for development. 167 patients for validation.
Treatment	Chemotherapy with curative platinum-based radiotherapy.
Inclusion criteria	Histological diagnosis of primary cervical cancer. FIGO stage: IIB–IVA or IB2–IIA bulky. IB1 and IVB are not included. Women treated with curative platinum-based chemotherapy with or without extended field radiotherapy. FDG/CT or PET/CT prior to the chemotherapy should not have been used more than 4 weeks ago. No prior chemotherapy or radiotherapy. No other concomitant cancer. No histological small-cell carcinoma, neuroendocrine or other rare histological types. Greater than 40 Gy dose of radiotherapy.
Sample	434 patients included in the sample development. 115 patients included in the validation sample.
Outcome	Distant recurrence.

CT, computed tomography; FDG, fluorodeoxyglucose; FIGO, International Federation of Gynecology and Obstetrics; PET, positron emission tomography.

Table 11. Characteristics of the study by Tseng et al. [4]

Type of study	Prospective cohort study.
Year	1999–2006
Location	Taiwan (a single center).
Participants	FIGO stage: IIB; IIIA; IIIB; IVA. 284 patients.
Treatment	Chemotherapy treatment based on cisplatin or carboplatin plus external radiation therapy in the pelvic area followed by intracavitary brachytherapy. In some cases, consolidation chemotherapy was used, and 3 possibilities were considered: ifosfamide plus cisplatin, bleomycin plus cisplatin, or paclitaxel plus cisplatin.
Inclusion criteria	Histological confirmation by biopsy or loop electrosurgical conization. FIGO stage: IIB–IVA. Patients can be treated with consolidation chemotherapy. Suspicion of metastases in the para-aortic nodes. ECOG: 0, 1, or 2. Patients with squamous cell carcinoma.
Sample	251 patients included in the development sample.
Outcome	Cause-specific death.

ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics.

Table 12. Characteristics of the study by Liang et al. [5]

Type of study	Cohort study, retrospective information gathering.
Year	2001–2006
Location	Taiwan (a single center).
Participants	FIGO stage: IB2; IIA; IIB; III; IVA. 163 patients.
Treatment	External radiation therapy followed by intracavitary brachytherapy plus cisplatin-based chemotherapy.
Inclusion criteria	FIGO stage: IB2–IVA. Women treated with curative chemotherapy. No evidence of metastases in the para-aortic lymph nodes.
Sample	148 patients included in the development sample.
Outcome	Metastasis (disease-free). Para-aortic recurrence.

FIGO, International Federation of Gynecology and Obstetrics.

Table 13. Characteristics of the study by Polterauer et al. [6]

Type of study	Prospective cohort study.
Year	1996–2009
Location	Austria (2 centers).
Participants	FIGO stage: IA1; IA2; IB1; IB2; IIA; IIB; IIIA; IIIB; IVA. 692 patients.
Treatment	According to the FIGO stage. IA1: conization or simple hysterectomy. In patients with invasion of the lymphatic vascular space, a pelvic and/or para-aortic lymphadenectomy was performed. IB1–IIA: radical hysterectomy, or tracheostomy and pelvic and/or para-aortic lymphadenectomy. Patients with positive lymph nodes, parametrial invasion and positive surgical margins were treated with postoperative adjuvant radiotherapy with or without concurrent chemotherapy. IIB-IV: Chemoradiotherapy. Pelvic and/or para-aortic lymphadenectomy was performed prior to chemoradiotherapy. Extended field radiation in patients with positive nodes in the iliac region.
Inclusion criteria	All women registered.
Sample	528 patients were included in the sample development.
Outcome	Cause-specific death.

FIGO, International Federation of Gynecology and Obstetrics.

Table 14. Characteristics of the study by Kidd et al. [7]

Type of study	Cohort study, retrospective information gathering.
Year	1998–2008
Location	United States (a single center).
Participants	FIGO stage: IB1; IB2; IIA; IIB; IIIA; IIIB; IVA. 482 patients.
Treatment	2 groups: Treatment 1: Patients treated with definitive radiotherapy, including pelvic irradiation and intracavitary brachytherapy. Treatment 1 plus concurrent chemotherapy with cisplatin. All patients receive FDG-PET or PET/CT before treatment.
Inclusion criteria	Primary diagnosis of cervical cancer. Definitive radiotherapy or chemoradiotherapy. All patients receive FDG-PET or PET/CT before treatment.
Sample	234 patients included in the sample development.
Outcome	Death. Cause-specific death. Recurrence.

CT, computed tomography; FDG, fluorodeoxyglucose; FIGO, International Federation of Gynecology and Obstetrics; PET, positron emission tomography.

Table 15. Characteristics of the study by Rose et al. [8]

Type of study	Clinical trial. Historical prognostic study.
Year	1986–2009
Location	Canada, United States (6 clinical trials).
Participants	FIGO stage: IB; IIA; IIB; IIIA; IIIB; IVA. 2,041 patients.
Treatment	Whitney et al. [9]. Two branches of treatment: Treatment 1: External pelvic radiotherapy with concurrent infusion of fluorouracil and cisplatin. Treatment 2: External pelvic radiotherapy with oral hydroxyurea. All patients undergo para-aortic lymphadenectomy. Rose et al. [10]. All patients undergo peritoneal para-aortic lymphadenectomy. Three branches of treatment: Treatment 1: Radiation therapy to the pelvic region plus cisplatin. Treatment 2: Radiation therapy applied to the pelvic region plus hydroxyurea, plus fluorouracil, plus cisplatin. Treatment 3: Radiation therapy applied to the pelvic region plus hydroxyurea. Keys et al. [11]. Auxiliary hysterectomy was applied. Two branches of treatments: Treatment 1: Radiation therapy alone (including external irradiation, intracavitary brachytherapy and hysterectomy) in the pelvis and intracavitary brachytherapy). Treatment 2: Radiation therapy in combination with cisplatin. Lanciano et al. [12]. Patients without surgery of the para-aortic nodes. Two branches of treatments: Treatment 1: Radiation therapy plus protracted venous infusion of fluorouracil. Treatment 2: Radiation therapy plus cisplatin. Thomas et al. [13]. All women received radiotherapy plus cisplatin-based chemotherapy. Two branches of treatments: Treatment 1: Recombinant human erythropoietin. Treatment 2: Standard transfusion below certain levels. DiSilvestro et al. [14]. Two branches of treatments: Treatment 1: Chemotherapy with cisplatin. Treatment 2: Chemotherapy with cisplatin plus tirapazamine.
Inclusion criteria	Whitney et al. [9]. Biopsy of all participants. FIGO stage: IIB, III, or IVA. Normal kidney, liver, and bone marrow function. No pelvic irradiation or cytotoxic chemotherapy. Free of infections. No contraindications to operate.

ECOG lower than or equal to 3.
No other concomitant cancers.
No metastases in the para-aortic or intra-abdominal nodes or patients with positive cytological washings.
Histological type: squamous carcinoma, adenocarcinoma, or adenosquamous cells.
Rose et al. [10]. Histological confirmation.
FIGO stage: IIB, III, or IVA.
ECOG lower than or equal to 3.
No other concomitant cancers.
No disease outside the pelvis, lymph node metastasis, or para-aortic or retroperitoneal disease.
Histological type: squamous carcinoma, adenocarcinoma or adenosquamous cells.
Keys et al. [11].
FIGO stage: IB.
Normal kidney, liver and bone marrow function.
No pretreatment with radiotherapy or chemotherapy.
No contraindications to operate.
ECOG lower than or equal to 3.
No other concomitant cancers.
Unaffected lymph nodes.
Histological type: squamous carcinoma, adenocarcinoma, or adenosquamous cells.
Lanciano et al. [12].
FIGO stage: IIB; IIIB, or IVA. (IIIA is not included).
Normal kidney, liver and bone marrow function.
Without pretreatment.
Histological type: squamous carcinoma, adenocarcinoma, or adenosquamous cells.
Thomas et al. [13].
FIGO stage: IIB; IIIB, or IVA.
Without positive para-aortic nodes.
DiSilvestro et al. [14].
FIGO stage: IB2 or IIA (bulky > 4 cm); IIB; IIIB or IVA.
Normal kidney, liver, and bone marrow function.
ECOG lower than or equal to 3.
No other concomitant cancers.
No affected para-aortic lymph nodes or distant metastases.

	Histological type: squamous carcinoma, adenocarcinoma, or adenosquamous cells.
Sample	2,041 patients included in the development sample.
Outcome	Death. Recurrence.

ECOG, Eastern Cooperative Oncology Group; FIGO, International Federation of Gynecology and Obstetrics.